



North Carolina Department of Health and Human Services

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MEMORANDUM

TO: Legislative Oversight Committee
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Professional and Stakeholder Organizations
NC Association of County DSS Directors

Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations

FROM: Mark Benton *mb*

Mike Moseley *mm*

SUBJECT: Implementation Update # 31:
Clarification Regarding Specialized Equipment and Supplies, Supervision of Personal Care for CAP-MR/DD, and CAP-MR/DD Rate Changes

Specialized Equipment:

Specialized Equipment and Supplies under the CAP-MR/DD Waiver include devices, controls, or appliances specified in the person's Plan of Care that enables the person to increase their ability to perform activities of daily living, or to perceive, control or communicate with the environment in which they live. Items under this service shall be directly attributable to the person's ability to avoid being institutionalized and shall exclude those items which are not of direct benefit to the person.

Please note the following changes related to specialized equipment and supplies and the CAP-MR/DD waiver:

- Currently, Children's Special Health Services (CSHS) is the prior approval reviewer for determination of medical necessity for wheelchair requests/mobility systems for children under 21 who are Medicaid eligible. **Pending DMA notification per the Medicaid Bulletin, EDS will be the prior approval agent for pediatric wheelchair/mobility systems.** EDS will have five business days to approve or deny the wheelchair/mobility systems requests or to request additional

information. If a determination is made that the mobility system is not medically necessary the mobility system may not be requested through the CAP-MR/DD waiver.

- With the exception of specialized adaptive tricycles, all other category 2 items (customized/specialized wheelchairs, strollers, accessories and parts for adults, repair of specialized/customized wheelchairs for adults, splints/orthotics for adults including replacement materials and repairs, prosthetic/orthopedic shoes and devices for adults, and protective helmets that are medically necessary for adults) of the CAP-MR/DD waiver are included on either the Medicaid Durable Medical Equipment Fee Schedule or the Orthotic and Prosthetic Fee Schedule and vendors may directly bill for these items.
- When a waiver recipient is in need of equipment or supplies the case manager should always review the Division of Medical Assistance (DMA) Durable Medical Equipment (DME) Fee Schedule as well as the Home Health Fee Schedule and Home Infusion Therapy, as well as the DMA Orthotic and Prosthetic Fee Schedule to insure that the item is not available on these lists. **If the item is on the DME, Home Health Fee Schedule, Home Infusion, or Orthotic and Prosthetic Fee Schedule the item will not be covered by the waiver and is obtained using an enrolled vendor of these items through regular Medicaid.** These lists may be found at www.dhhs.state.nc.us/dma/fee/dme_rates.pdf.
- All specialized equipment and supplies obtained through the waiver or through the processes noted above must be included as a component of the Plan of Care for waiver recipients.
- For specific information related to the above, please refer to Division of Medical Assistance, Durable Medical Equipment Clinical Coverage Policy #5A or Orthotic and Prosthetic Device Clinical Coverage Policy #5B at <http://www.ncdhhs.gov/dma/dme/dmepdf.pdf>.

Revised CTCM Form

Effective April 15, 2007, Value Options implemented an updated CTCM form. This form is simpler to use and directed towards individuals with developmental disabilities. This form is used for Targeted Case Managers to request Case Management authorization (T1017HI) and discrete service authorization (Respite, Personal Care, Residential Supports, Day Supports, Home and Community Supports and Supported Employment) for waiver services. This form is to be used by those enrolled providers requesting reauthorization of existing service. This form replaces the CTCM form currently in use and is located on the Value Options website at www.ValueOptions.com.

CTCM forms must be submitted with the actual provider number in addition to the provider agency/company name. Due to the risk for inappropriate authorizations, CTCM forms will no longer be accepted without this number. The same will be true for any submissions that do not include the updated cost summary. Value Options Fax number for CAP/TCM/DD requests is: 919-461-0669

Supervision of Personal Care

Implementation Update #23 addressed supervision of individuals providing Personal Care Services under the CAP-MR/DD waiver when the service is provided by a licensed Home Care agency. After continued discussion related to this issue it has been determined that the planning team for the consumer may make recommendations regarding the supervision needs of the consumer based on the medical diagnosis/conditions of the consumer. The team may make an initial recommendation that the appropriate supervision be provided by a QP or by a registered nurse. However, the Home Care agency, as part of that team, must make the final decision about the appropriate supervisor in consideration of all applicable laws and rules, including Home Care licensure rules and those promulgated by the North Carolina Board of Nursing. Should there be a question about whether the task can be delegated or whether the personal care worker must be supervised by a registered nurse, it is recommended that a NC Board of Nursing Practice consultant and/or the Home Care Licensure Section at the Division of Facility Services be contacted.

Rates for CAP-MR/DD Services

The Division of Medical Assistance recently increased the rates for several services provided within the CAP-MR/DD waiver. These new rates are effective January 1, 2007. All claims previously submitted will automatically be adjusted through EDS. Providers, please notify your billing agents of these changes. Rate changes are reflected in the DMA fee schedule which is located on the DMA website:

www.ncdhhs.gov/dma/. Click on Provider Link, scroll down to Publications and click on Fee Schedules, scroll down to locate the appropriate program. Rate changes are reflected in the fee schedules upon implementation and will be posted in the July Medicaid Bulletin. The rate changes may also be found at <http://www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm> on the DMH/DD/SAS website. Questions can be directed to Patricia Kirk at 919-855-4290 or the DMA rate setting department at 919-855-4200.

Please note that when the cost of a waiver service changes, the case manager must recalculate the cost summary. A Plan of Care Update/Revision is not required to be submitted to Value Options if only the cost of the service changes. An updated Cost Summary reflecting the rate changes has been posted to the DMH/DD/SAS website at the address noted above.

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